

### HARRISON NARCOTIC LAW.

Many letters are still being received asking what a physician may or may not do under the Harrison law. As a matter of fact, the law has in no way invaded the rights of the physician; it has only said that he must not be sloppy about his records, and this is a good thing. Too many physicians are too careless about keeping records of anything relating to their work, and this the JOURNAL has deplored on more than one occasion. You can prescribe any narcotic you think necessary, but you must have registered with the collector of internal revenue and obtained a license; *and* you must put the date, patient's name and your own name in full, on the prescription, together with your license number. It has been ruled that by "name in full" is meant the signature which you ordinarily use to sign legal documents, checks, etc. If you wish to buy narcotic preparations covered by the law to dispense or to use in your practice, you must obtain them on an official blank which the collector sells for one dollar a hundred. If you give away or dispense any of such preparations, you must keep a record of the date and amount and the name of the patient and preserve this for two years. All of which seems to work no hardship upon the physician and indeed is a help, for he now has the assurance that his prescriptions will not be refilled. Elsewhere we publish an abstract of the rulings of the Commissioner on various points of the law. Undoubtedly many of these rulings will be more or less modified as time goes by and it is found how they work. In the main, they seem to be not unjust or too stringent and it will not be long before we all get the habit of following them. They will do us no harm whatever.

### INDUSTRIAL SICKNESS INSURANCE.

The JOURNAL pointed out some time ago that, in all probability, a law would be passed in this state, before very long, extending compulsory insurance to disease on very much the same lines as it now applies to industrial accidents. That movement has already begun in the passage of an amendment to the present industrial accident law making it include industrial diseases as well as accidents. How these diseases shall be catalogued—what shall be and what shall not be considered an industrial disease—is, of course, a matter for future study and adjustment by the commission. As a sociologic problem, the whole question of whether or not such industrial legislation is in the main good or bad, is too large to discuss. In the past, judging from a few centuries of development, it would seem that all sumptuary laws tend not to the betterment of the race; nature seems to work things out better, if you give her enough centuries to do it in, if left alone. But then it may be maintained that man's modification or control of the development of man is merely an expression of the working out of nature as found in the mental development of the genus homo. Be that as it may, the present trend is toward radical changes and big, new movements; one of these is the attempt to regulate pauperism and poverty and the

burdens that accompany, by such laws as the industrial accident law, the workmen's compensation phase of it, the pension of widowed mothers, and the like. A logical extension of this movement or stress, if you please, is the sickness insurance, compulsory within certain incomes, and this we may confidently expect to see before many years have gone by, or else all signs fail. We might as well be ready for it.

### MEDICAL MILK COMMISSIONS.

The American Association of Medical Milk Commissions will hold its annual meeting this year in San Francisco, June 17th and in Berkeley June 18th; on June 19th the Commissions will meet on Mt. Tamalpais. There will be a large number of the most prominent enthusiasts for pure milk the country over, in attendance, and it is expected that this will be one of the most satisfactory meetings the Association has ever held. Dr. T. C. McCleave, of Berkeley, California, is President of the Association.

### SENATORIAL SENSE.

Elsewhere in this number of the JOURNAL we publish a transcript of some of the remarks of Senator Benson in discussing one of the medical bills before the lately demised and not lamented legislature. Doubtless many of the solons who stand in support of poor and lower medical laws are as well acquainted with the facts as Senator Benson, but they play the game of votes and peanut politics; talk large on things about which they know better, and so conceal the real issue. At any rate, it is a pleasure to see a man have the courage of his convictions and a willingness to come forward and tell straight out what he knows and knows to be the truth. We desire to extend our thanks and the thanks of the Society to Senator Benson, and all the other members of the legislature who stood for sound medical legislation.

### THE DETAIL MAN—AN ECONOMIC WASTE.

"The Passing of the Detail Man," which appeared in the advertiser's column of the CALIFORNIA STATE JOURNAL OF MEDICINE, March 1915, deals with but one phase of the situation—the physician's viewpoint. The criticisms offered naturally have come from the manufacturer and his agent. The manufacturer and his agent, however, must soon awaken to the fact that the conditions which made the detail man a profitable propagandist are now radically changed. The advancement of educational standards; the continual exposure of proprietary and medical frauds; keen competition, and the general disposition to discredit commercial exponents of therapeutic virtues, all tend to make the detail man's life a burden. This is particularly the case in our large cities.

In order to gain an audience the detail man must have some excuse for calling. He cannot with propriety assume to take up the physician's time without something compensatory in his visit. The manufacturer is well aware of this and he is constantly devising "something new" to aid the

detail man in his rounds. The offering of samples has lost its advertising value. The busy practitioner no longer bothers with these, nor does he pass them on to his patient. He knows that this little trick encourages self-medication and builds business for the proprietary interests. The leaving of "literature" is also becoming obsolete—this is accomplished at less expense by medium of the mails. The "friendship" dodge of taking the doctor out to dinner or to the races is rather too costly for universal adoption. Getting "solid" with the doctor's office nurse has been worked with success but it takes ingenuity and time to warm up "the cold shoulder."

About the only worth-while thing that counts these days is the man of exceptional quality who is—first of all—a gentleman; who is backed by a house of unquestioned integrity; who knows his line from alpha to omega. Such a man, however, is a luxury for the manufacturer to maintain in the field. He cannot possibly pay as a yielder of direct returns.

In the larger centers the physician can be seen but a few hours during the afternoon. At best the detail man can make but two or three worth-while interviews. He may make five or six "pseudo" interviews, or maybe a dozen "fake" interviews. Pseudo interviews and fake interviews, however, belong only to the cheap man who is capper for a cheap house. It is this mendicant class that leaves samples and trash in your reception room and who slinks away and reports you as "visited."

The worth-while detail man can make only a very few calls per day and he costs his house anywhere from ten to fifteen dollars per day. Now, what can this worth-while interview consist of? It consists in the majority of cases, of just a good-fellowship exchange of courtesies. Frequently there is no mention whatever of business. The whole procedure is to *promote cordial relations* between "the house" and its good friend—the physician. This, in truth, is the legitimate field of the detail man. It typifies the detail man of the future if not of the present. The sooner the manufacturer finds this out the better it will be for all concerned.

## AMERICAN MEDICAL ASSOCIATION

### Meets

in San Francisco

June 22, 23, 24, 25, 1915

## ORIGINAL ARTICLES

### MORPHINE-SCOPOLAMINE ANESTHESIA IN OBSTETRICS.\*

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I have been requested to prepare a paper on this subject by several members of the Society who are aware of the fact that I am working with these drugs, employing the technic advocated by Gauss and Kronig of Freiburg. At the present time I am not in a position to advance any fast and fixed conclusions as my cases are all too few, numbering but fourteen, but I have received enough encouragement to impel me to continue the work, and I shall reserve a final judgment until I can quote from results in one hundred cases.

#### THE IMPORTANCE OF THE SUBJECT.

Anesthesia in obstetrics is in itself quite a problem for the reason that we must consider its effects both on the mother and the child. We all recognize the need for some form of narcosis. New departures in other branches of medicine and surgery are fast becoming familiar to the public. The propaganda for education of the laity is now busying itself with obstetrics so that pressure is being brought to bear on the obstetrician at the present time, the great demand being for relief from the fears and agonies of childbirth. The obstetrician recognizes only too truly the fact that the woman of to-day who lives the modern life is experiencing more difficulty in bringing her young into the world. Not only does she suffer more intensely from nervous exhaustion, due to the fears and pains of childbirth, but as the result of this exhaustion she requires aid in the way of operative measures, especially forceps.

Chloroform, ether, or nitrous oxide cannot be given over any length of time and the question before us this evening is,—Can small non-poisonous doses of morphine-scopolamine be administered to the parturient woman over an extended period of time so as to allay her fears and relieve her suffering and exhaustion without doing appreciable harm to mother or child?

#### PREPARATIONS EMPLOYED.

But first a word as to the preparations employed. Morphine and its hypodermic use is familiar to all. Scopolamine, as I use it, is put up by the Hoffman-La Roche Chemical Works according to the method prescribed by Straub, and is designated as "Scopolamine Haltbar." The superiority of this preparation lies in the fact that it is a stable solution and carefully standardized. Narcophin is a proprietary preparation of narcotine,—morphine meconate,—and according to Kronig gives better results and is less toxic. It can be obtained in ampules ready for hypodermic use.

#### HISTORICAL SKETCH.

The employment of these drugs in obstetrics is nothing new. Von Steinbuckle in 1902 first recommended their use in obstetrics; he published the results in twenty of his cases. His caution in

\*Read before the San Francisco County Medical Society, November 17, 1914.